



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/22/2012 To: 11/28/2012
Mo Day Year Mo Day Year

1. Committee I.D. Number
150313-0

2. Committee Name
Committee to Elect Joseph Rivet

4. Candidate Last Name Joseph Rivet First Name JOSEPH M.I. L.

4a. Office Sought Including District # or Community Served (If applicable)
~~To Be Determined~~ DRAIN COMMISSIONER

4b. County of Residence Bay Driver License # (Optional)

5. Committee's Mailing Address
2600 Center

Bay City MI 48708
Area Code and Phone (989) 671-2153

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
JOSEPH RIVET
2600 CENTER AVE.
BAY CITY, MI 48708

Area code & Phone 989.671.2153

Driver License # (Optional)

7. Treasurer's Business Address
515 CENTER AVE.
BAY CITY, MI 48708

Area Code and Phone 989.895.4290

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Area Code and Phone _____ Driver License # (Optional)

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
11/06/2012
Month Day Year

9c. Annual Statement (____ Coverage Year)

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee
Effective Date of Dissolution

Mon Day Year

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper JOSEPH RIVET Signature [Signature] Date 12 5 12
Type or Print Name Signature Mo Day Year

Candidate Committee to Elect Joseph Rivet Signature [Signature] Date 12 5 12
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

4



**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>200.00</u>	(18.) \$ <u>19310.02</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>200.00</u>	(20.) \$ <u>19310.02</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>394.29</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3244.34</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3244.34</u>	(23.) \$ <u>19209.86</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>775.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3730.07</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>200.00</u>	
15. SUBTOTAL Add Lines 13 and 14	(15.) = <u>3930.07</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>3244.34</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>685.73</u> *	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/09/2012</u> Name: Brunner for State Rep. Address: 208 Murphy Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/26/2012</u> Name: Bay County Address: 515 Center Ave. Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

200.00
200.00

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: Wholesale Electric Address: 705 E. Midland Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Wire Tires/Plyers</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/2012	34.20
Expenditure # 2 Name: Domboss Printing Address: 1131 E. Genesse Saginaw MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2012	1358.92
Expenditure # 3 Name: Postmaster Address: Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2012	1441.64
Expenditure # 4 Name: RT Printing Address: 4778 Main Millington MI 48746 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad. Design</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2012	100.00
Expenditure # 5 Name: Beson's IGA Address: 1480 S. Huron Rd. Kawkawlin MI 48631 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Night Beverages</u> Expenditure Code <u>EN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/06/2012	60.00

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

2994.76

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: <u>Maggies in the Morning</u> Address: <u>819 Saginw Street</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Certificate for Volunteers</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/11/2012	50.00
Expenditure # 7 Name: <u>Ladies Ancient Order of Hyber</u> Address: <u>1316 Broadway</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation/Tickets</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/17/2012	50.00
Expenditure # 8 Name: <u>Buygromets.com</u> Address: <u>170 Liberty St.</u> <u>Brockton MA 02307</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Gromets for signs</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/20/2012	49.58
Expenditure # 9 Name: <u>John Glenn Booster Club</u> Address: <u>3201 Keisel Rd.</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad.</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/25/2012	100.00

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

249.58
3244.34

Enter this total on line 8a of Summary Page



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt # 1 Corp? <input type="checkbox"/> Yes Owed to or by: Joseph Rivet 2600 Center Ave. Bay City MI 48708	4. Type: <u>Loan</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>05/10/2010</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	_____ \$ _____ \$ _____ \$ _____ \$	0.00	500.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt # 2 Corp? <input type="checkbox"/> Yes Owed to or by: Joseph Rivet 2600 Center Ave. Bay City MI 48708	4. Type: <u>Loan</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>07/01/2012</u> 6. <u>Original Amount of Debt:</u> \$ <u>275.00</u>	_____ \$ _____ \$ _____ \$ _____ \$	0.00	275.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt # _____ Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ \$ _____ \$ _____ \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

775.00

Grand Total of all Schedules 1E

775.00

(Complete on last page of Schedule showing amounts owed by or to the committee.)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page